TS Counseling, PLLC

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**Notice of Information Practices**

**THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**I. Treatment, Payment, and Health Care Operations**

Each time that you visit a mental health practitioner, that provider makes a record of your visit which documents your care and is required by law. Typically, this record contains your health history, current symptoms, medical information, test results, diagnosis, and treatment plan. This is typically referred to as your medical record. Information within your record that could identify you is referred to as *protected health information (PHI).* HIPAA (Health Information Portability and Accountability Act) and Tennessee state law provide privacy protections about your PHI and how that information is used by my office. This is a summary of my Privacy Practices. Specifically, I am allowed to disclose PHI for the purposes of treatment, payment, and health care operations with your consent. By signing the Acknowledgement section at the end of this document, you have offered your general consent to care (treatment) and authorization for me to conduct payment and health care operations.

-An example of *treatment* would be if I consult with another health care provider, such as your primary care physician, about treatment progress or medication changes.

-An example of *payment* would be if I disclosed your PHI to your health insurer to obtain reimbursement for your care.

-An example of *health care operations* would be if your insurance company reviews our work together to see if your care is a medical necessity.

**II. Uses and Disclosures Requiring Your Authorization**

I am allowed to disclose your PHI for reasons other than treatment, payment, or health care operations when I obtain your authorization (consent). This authorization will be in written form and will permit specific disclosures for a specified amount of time. A copy of that authorization will be given to you for your records. For example, if you ask me to send a summary of your care to another psychotherapist, I would need your written permission before doing so.

Another situation in which I would require your written consent is the release of my Psychotherapy Notes, notes that I make about our conversations together that are kept separate from your medical record. These notes have a higher degree of protection than PHI due to the degree to which they are more private and contain more personal information about you.

You may revoke all authorizations to release PHI at any time in writing. You cannot revoke an authorization for an activity already done or if the authorization was obtained as a condition for obtaining insurance payment.

**III. Uses and Disclosures with Neither Consent nor Authorization**

I am allowed to disclose your PHI without your consent or authorization in the following circumstances:

-**Child Abuse or suspected child abuse** including, but not limited to, any wound, injury, or disability or physical or mental condition of such a nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect. This includes sexual abuse as well.

-**Adult and Domestic Abuse** (e.g. disabled adult is being abused)

-**Health oversight** (e.g. a complaint is filed with the Tennessee Board of Examiners in Psychology)

-**Judicial or Administrative proceedings** (e.g. ordered by a judge to release PHI)

-**Serious threat to self or others** (e.g. immediate threat of bodily harm and likely to carry out such threat)

-**Workers compensation claim** (e.g. if you file a claim to have your counseling reimbursed under workers compensation, your employer and insurer automatically have access to your PHI)

-To communicate with **law enforcement** if required by law

-To communicate with **federal officials involved in securities activities or disaster situations**

**IV. Patient’s Rights and My Duties**

-You have *the right to request restrictions on certain uses or disclosures of your PHI* which I may or may not agree to

-You have *the right to receive confidential communications by alternative means and at alternative locations*. An example may be having your bills sent to an alternative location so that your family does not know you are seeing a counselor.

-You have *the right to inspect and copy your record* which includes both mental health and billing records. I will discuss the process of inspecting your record once you make the request. You do not have the right to view psychotherapy notes without my permission.

-You have *the right to amend the record* which I may or may not allow. I may refuse your request if I did not make the entry, if the information is not part of your medical record that I keep, if I believe that the record is accurate and complete.

-You have *the right to obtain an accounting of non-authorized uses and disclosures of your PHI* for the past 6 years.

-You have *the right to revoke an authorization to disclose PHI* except to the extent to which I have taken action in reliance on the consent or authorization.

My duties include maintaining the privacy of your PHI and implementing reasonable and appropriate physical, administrative, and technical safeguards to protect your information. I can provide you with a paper copy of this notice at any time per your request. My duties include developing a sanction policy to discipline any who breech privacy or confidentiality policies and to mitigate (lessen the harm of) any breach that should occur. I reserve the right to change my practices and to make the new provisions effective for all individually identifiable health information that I maintain. If I change my information practices, I will provide you with a revised notice of my information practices.

**V. Complaints**

Dave Morgan, my supervisor, acts as the HIPAA Privacy and Security Officer for my practice per HIPAA regulations. If you have any concerns of any sort that your rights have been compromised please come to me immediately about the matter and contact will be made with Dave Morgan, LMFT. You may also send a written complaint, of which I can provide you a copy, to the Secretary of the U.S. Department of Health and Human Services. Remember that you have specific rights under the HIPAA Privacy Rule and my duty is to protect those rights. I will not retaliate against you for exercising your rights or if you should have a complaint.

**VI. Disclosure of Clinical Experience**

It is the responsibility of the therapist to disclose the kind of services the therapist is able to provide a client.

- I have received my Master’s in Marriage and Family Therapy from Lipscomb University in Nashville, Tennessee. My credentials are Taraleigh Stemler, MMFT. I am **not** a licensed marriage and family therapist.

-I am currently a Pre-Clinical Fellow member of the AAMFT, the American Association of Marriage and Family Therapists.

-As I work toward licensure, it is required for me to be under supervision by an AAMFT approved supervisor. Currently, my supervisor is Dave Morgan, LMFT. If you have any concerns, feel free to inquire about his contact information from Taraleigh Stemler.

-As of March 20, 2016, I am fully trained in the Basic Level of Eye Movement Desensitization and Reprocessing, also known as EMDR.

-I am certified to complete PREPARE/ENRICH assessments with premarital or married couples.